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BY  
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# The "Shaw" Treatment of Cancer

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## INTRODUCTION.

The high priests of the two Orders of the medical hierarchy, although now forced to admit that the *nature* of cancer may be as *manifold* as its manifestations—there are a "hundred" different kinds, say they—nevertheless, still look for *one* cure: the surgeon in his scalpel, and the physician in a serum derived from the tumours of mice. In my work, "The Cure of Cancer: and how Surgery blocks the Way," I showed the utter impossibility of its *cure* being attained, either by the simple formula of the surgeon, "lop it off," or by the more subtle panacea of the experimental pathologist.

In reviewing my book, the *Morning Post* (April 18th, 1907) wrote as follows:—

"Undoubtedly Dr. Shaw's indictment will have to be answered, and that by means more convincing to the public than mere interference with the author's practice of his profession."

Unfortunately the medical hierarchy has sought for "means more convincing," not in reasoned argument, nor in statistics, nor in clinical or pathological observation, but in the "conspiracy of silence," on the one hand, and, on the other hand, in an attempt to compass the author's financial ruin by a persecution which

will, I believe, in saner days be regarded as an indelible blot on twentieth century English Medicine.

One of the greatest compliments, as I regarded it, ever paid the book above referred to, was a statement made in its disparagement, viz., that it was possible to read it through from cover to cover without knowing to what line of cancer treatment I pinned my own faith. The book was written to show that the claims of surgery and experimental research were actually blocking the path to the cure of a disease, which is not only *curable*, but has times without number been *cured* by a host of observers throughout the ages: its object was, not the advertisement of a nostrum, but the clearing away of the wood, hay and stubble of superstition and self-interest, on which it is impossible to build any Temple of Truth.

Before referring to the principles which lie at the foundation of a rational treatment of cancer, it will be advantageous to clear the way by summarising the conclusions arrived at in the work above quoted, the evidence in support of which was somewhat extended in two booklets subsequently published, "Cancer: Operation not the Cure, but a Cause," and "Cancer: the False-Lights of Vivisection," which should be referred to by the reader who desires categorical details of the facts and figures, which herein are stated in the briefest form compatible with truth.

It is my purpose to show that operation can never constitute the "be-all, and end-all" of scientific cancer treatment, any more than can serum therapy. Nay, more, the assumptions made on behalf of these dual hierarchies are actually blocking the path to the rational treatment of the disease. And if any reader object that it is impossible for the leaders of a whole profession to be almost unanimously on the wrong side—and *opposed to truth*—I would ask him to remember that for more than thirteen centuries, anatomists (and some of the most notable that ever lived) taught that there was a system of pores between the right and left sides of the heart, preferring to accept the dictum of Galen, rather than to believe the evidence of their own senses. But no superstition of ancient times is comparable in

fatuity and futility with the modern fetish-worship fostered by the high priests of twentieth century medicine.

But I have never, so far as I know, denied that there is a legitimate field for Surgery in the treatment of cancer. I am led to make this remark owing to the receipt of a very grateful letter from the husband of a former patient, who, in answer to an enquiry, under date November 27th, 1908, wrote as follows:—

“I am very glad to be able to say that, although it was eleven years last February that you performed the first operation on my wife, and ten years in April last since you performed the second operation, she has never since suffered from anything that could be supposed to be connected with what are called malignant tumours.

“I am aware that you do not now advocate the use of the knife in such cases, but, used as you used it on my wife’s breasts, it has proved a remedy more effectual than we ever hoped for.”

It is not against operation, as such, but against the up-to-date practice of modern surgeons based on what I regard as an absolutely erroneous view of the nature of cancer, that I have protested, and shall continue to protest. And in order to make my position as clear as possible, I must ask the reader’s attention to certain preliminary matters.

## WHAT IS CANCER?

A cancer is a malignant new-growth, by which is understood that it is a new-growth having most, if not all, of the following characteristics:—

(1) It tends to extend locally from the point of origin, causing infiltration and destruction, not only of the part first affected, but also of the surrounding parts, there being practically no organ or tissue immune from its invasion.

(2) It tends to a still wider extension, moreover, through secondary foci of disease at a distance (the so-called metastases), similar in character to the primary cancer, and, like it, invading almost any tissue or organ indiscriminately.

(3) Partly from its liability to ulceration—which is a

special feature of the disease—partly by its interference with the functions of organs, and partly, perhaps, by some inherent poisonous quality, it tends to induce in the sufferer a condition of malnutrition or cachexia which makes for a fatal termination.

(4) It tends to recur after removal by surgical operation.

A cancer rarely begins in more than one place at once. Structurally it is composed chiefly of cells similar to, but differing from, the normal cells of the body in immediate relation with which it first arose; and such cells are arranged in an association which does not correspond to any normal tissue. Cancer cells lie in contact with one another, being supported and imperfectly bounded by a stroma of connective tissue.

A "cell," it should be explained, is not only the simplest form of animal life, such as is seen in the protozoön, but the structural unit of more highly organised beings, in whom the ovum or egg, from which the new individual is to be developed, consists of such a cell.

## HOW TO RECOGNISE CANCER.

Cancer is recognisable solely by its malignancy. It used to be thought that the microscope afforded infallible proof of the cancerous nature or otherwise of any growth; this is an exploded fallacy. It has been shown that tumours characterised by structural peculiarities formerly considered indicative of cancer have got well without operation. And to this fact we owe the all-important conclusion that it is impossible to diagnose cancer from microscopical examination alone. Mr. A. Pearce Gould, for so many years Surgeon to the Cancer Wards, Middlesex Hospital, as reported in the *Lancet*, February 17th, 1906, page 444, stated:—"When it was remembered that until quite recently actinomycosis had been confused with cancer, it was quite possible that there were some conditions which were not even yet recognised, and which might be mistaken for cancer." In this belief he was confirmed by the next speaker (Dr. Norman Moore), who "did not think it was possible to say from the microscopical

characters alone whether a growth was malignant ; such characters must be considered in connection with the history and clinical course of the disease."

The *Semaine Médicale* of February 21st, 1906, followed on the same lines. "It is but right to point out," said this journal, "that the diagnosis of cancer—even when confirmed by the microscope—is not always to be relied on : epithelioma of the tongue, for example, cannot always be differentiated positively from lingual syphilis."

I draw the reader's very particular attention to this consensus of expert opinion to the effect that it is not possible to diagnose cancerous disease from its microscopical appearance. It is a point to which reference must be again made on more than one occasion.

## MALIGNANCY DEPENDENT ON ENVIRONMENT.

The first point which must be insisted on, is, that although the cancer cell is the *agent* of malignancy, the *manifestation* of malignancy is dependent on constitutional conditions—on *environment*, in a word. The cancer cell may remain for long years in the body without giving any evidence of its presence : it is quiescent—a sleeping dog. Some change of environment takes place, and the sequence of events characterised as malignancy supervenes. On the other hand, sometimes—and it is even possible in the most extreme cases—some change in the constitutional condition may arise which is incompatible with the progress, and, indeed, with the continued vitality of the cancer cells. The cancer dies, and the patient lives. Such cases constitute the so-called "spontaneous cures," which are admitted by the surgeon and quoted by him to disparage any alleged cures by non-operative methods, forgetful of the fact that by their means the rare successes which he can claim after operation may likewise be explained ; in other words, "spontaneous cures" might suggest that the patient has recovered, not in consequence of the operation, but in spite of it.

## “SPONTANEOUS CURES.”

“Spontaneous cures” are the bed-rock on which the superstructure of a rational treatment of cancer must be raised. What we know positively about them is that they may occur after operation has done its best or its worst for the unhappy patient. We know, moreover, that it is certainly not the injection of a serum derived from the tumours of mice that has led to the happy result. What we do *not know*, but may with the strongest probability surmise, is, that some organ or organs, gland or glands, the functional activity of which had previously been deranged, has returned to a normal state; or, that some organ or organs, gland or glands, has taken on some abnormal functional activity, in consequence of which the cancer having ceased to be of functional value to the organism atrophies; or, on the other hand, that the products of the abnormal activity of such organ or organs, gland or glands, exercise a toxic influence on the cancer and kill it; or, that some physical condition (chemical, electrical, or otherwise), of the whole body, or of some part or parts of the body in relation to one another or to the whole, has arisen, in the presence of which the cancer must die.

“Spontaneous cures” bring out two points into the utmost prominence: Firstly, cancer is recoverable from *to the very uttermost*; and it is impossible to impress this point on the unhappy patient with too great insistence. Secondly, the means which result in the final cure of a case of cancer may be of the very simplest character. Supposing, for example, that a case of cancer were dependent on the organism being deprived of the pancreatic secretion, owing to the blocking of the pancreatic duct. Suppose, further, that a linseed poultice relieved that obstruction, and that the patient subsequently underwent a spontaneous cure. Surely there is a sense in which it is true that a linseed meal poultice cured that case of cancer.

As an introduction to my book, “The Cure of Cancer: and how Surgery blocks the Way,” I cited two cases of unexpected cures of cancer, cases which would be claimed as “spontaneous cures,” in spite of the fact that in both

instances means had been used—perseveringly used—for the relief of the patients' symptoms. Although I could quote a score or more of such examples, it is not easy to find two more suitable than those referred to, as in the one case there was no operation, and, in the other case, recovery took place after operation had failed.

**Cancer of both Breasts, with extensive secondary deposits, disease too far advanced for operation; recovery from an apparently hopeless condition.**

On 3rd November, 1883, there was admitted into Professor Vulpian's ward at the Hotel Dieu a poor woman, 32 years of age, suffering from persistent cough and sharp abdominal pains; she was in a state of extreme destitution, having neither food nor shelter, and her aspect was that of extreme cachexia. She had tumours in both breasts presenting the ordinary characteristics of cancer, the one in the left breast having been first observed eighteen months before admission, and that in the right breast a year later. There were enlarged glands in both armpits, and glands the size of nuts above the left collar-bone. No pain in the arm was complained of, but there was considerable swelling of the whole limb. The liver was tender to pressure, and well-marked bosses were recognised. In the abdominal walls there were six or eight flattened discs the size of nuts, and similar growths in the back near the neck. There was some dropsy of the peritoneum, and fluid in the right pleura estimated at two to three pints.

Professor Vulpian believed the diagnosis of atrophic scirrhus to be beyond dispute, as he had gone carefully into the patient's history and present condition; he regarded her death in the near future as absolutely inevitable.

Her progress may be summed up thus: In less than three weeks she got up for the first time; in eleven weeks she described herself as never feeling better in her life; and on February 25th, 1884 (less than seventeen weeks after admission), she left the hospital as well as before she had any tumours.

**Cancer of both Breasts with extensive secondary deposits; repeated operations followed by recurrences; recovery when apparently at the point of death.**

In 1888 a single woman, 37 years of age, noticed a small lump in the left breast on which she had received a blow some three years previously. In 1890 the breast was removed, and scirrhus cancer diagnosed after microscopical examination. There were recurrences in 1892 and 1894 which were operated on, a tumour in the right breast being also removed on the last occasion. Some ten months later (December, 1894) there were some recurrent nodules, and, as the patient was suffering from considerable dyspnœa, further operation was considered out of the question.

She was admitted into the Cancer Wards of the Middlesex Hospital, under Mr. Lawson, in January, 1895, when it was noticed that she had nodules and enlarged glands in the left armpit and above the left collar-bone, as well as hard nodules in the right breast and armpit. There was dulness over the base of the right lung, and the patient suffered from severe paroxysms of shortness of breath. She saw her monthly courses for the last time shortly after admission. During the whole of this year (1895) she appears to have got steadily worse, and a swelling occurred in the left thigh-bone, which spontaneously fractured. When the patient came under Mr. Gould's care, in March, 1896, all the symptoms above mentioned were exaggerated, and there was shortening of the thigh. Secondary growths were diagnosed in the right lung and in the left femur, and a speedily fatal issue was anticipated.

This patient was exhibited before the Clinical Society on November 6th, 1896 and on April 28th, 1899. On the latter occasion, the only remains of her illness consisted apparently in the lameness due to the shortening of her thigh. There was no evidence of cancer whatsoever.

There have been many cases of cancer which have recovered spontaneously on the removal of some known source of irritation. To the majority of such cases

objection has immediately been raised on the ground that the tumour or ulcer had not been proved to be cancerous by microscopical examination! Professor Saenger had such a case; and to its authenticity similar objections were raised. When a second example of the same condition presented itself, he determined on the following experimental observation. It may be further noted that Professor Saenger's diagnosis of the cancerous nature of the tumour was confirmed by Drs. Gaylor and Clowes, the American experts.

**Cancer of the cheek opposite a decaying molar tooth. Removal of the tooth, and subsequent disappearance of the cancer, the actual character of which had been determined by microscopical examination.**

Man, aged forty-two, presenting a tumour the size of a cherry on the lining membrane of the cheek opposite a decaying tooth. Saenger determined to extirpate half of the tumour, and after removing the tooth, to see if the remaining portion of the tumour would disappear. The centre of the growth where the tooth pressed upon it was slightly ulcerated; its margins were elevated, hard on palpation and infiltrating the mucous membrane. The associated left submaxillary glands were enlarged and painful. The patient stated that the tumour had gradually increased in size during the preceding three weeks.

The progress of the case was as anticipated. The remaining half of the tumour steadily decreased, and in three or four weeks nothing was left but a scar. Up to one year later, at the time of publication there had been no recurrence.

The common sense teaching of these cases appears to me to be this: If there are conditions in the presence of which the progress of cancer is impossible, there is strong presumption that those natural or "spontaneous" conditions are capable of reproduction by artificial means. And this argument becomes especially cogent when we regard all the forces of Nature as mutually interconvertible manifestations of motion.

## CANCER : A DISEASE OF DEGENERATION.

The next point to remember is, that cancer is essentially *a disease of degeneration*. This contention, which I have insisted on, in season and out of season, has been recently strongly confirmed by observations in the cancer-research laboratories of the Middlesex Hospital, which demonstrate a *pre-cancerous condition*, which the observers regard as curable, or opening up the prospect of cure.

The weight of evidence goes to show that cancer is *hereditary*; as one of the diseases of degeneration it would be hard to conceive of it as otherwise. It is, in fact, one of the many forms of degeneration which are hereditary. Thus it is, that in a consumptive family, those who escape dying early from tubercular disease are unduly prone to cancer in later life. Similarly, diabetes may show itself in some members of a family, cancer in others. Rheumatism likewise. And the same thing is true of gout and its various manifestations. Most of all is the argument cogent in the case of nervous disease and of syphilis.

Cancer is, moreover, a disease of *nutrition* in the sense that errors of diet both in the direction of excess and defect may lead in later life to the development of cancer. In this way rickets, in early life, may lead to the subsequent development of cancer, whilst excess in alcohol and animal foods entails the same result. Thus it is that town-life (civilization) is such an active factor in the production of cancer. And such diseases of malnutrition are dependent, not merely on food and drink received from without, but on the various secretions which are formed within the body. Excess or defect of these may lead to the development of cancer.

In *acquired degenerations*, moreover, it would appear that the same rule holds good as with hereditary degenerations. One and the same exciting cause may tend to the production of cancer, or, let us say, gout, diabetes, or Bright's disease. If from any given cause a regular attack of gout be developed, then the presumption is that the patient will not suffer from cancer. *Goutiness*, on

the other hand, will probably predispose to the disease. And this rule holds good, I believe, in the case of all other degenerations.

There are two conditions of nutrition which are in all probability of the greatest significance in the problems of cancer. Firstly, *osmotic tension*, dependent on the relation of the tissues to the circulating fluids; secondly, what perhaps one may conveniently express as the *co-efficient of oxidation*. The problems of cancer and its cure are largely questions of the oxygenation and de-oxygenation of cellular tissues.

Cancer, as a disease of degeneration, is further largely dependent on *toxines*, especially on those toxins which are absorbed from the alimentary canal in constipation. We all of us know how Influenza picked out our weak spots. And such weak spots further weakened by the virus of influenza or colon toxins are probably liable in increased degree to cancerous degeneration. The reader will at once perceive that hereunder place is found for cases of cancer the malignancy of which is dependent on *bacterial* infection or the invasion of *parasites*. Though emphatically disagreeing with the Parasitic Theory of cancer I cannot deny the possibility of parasites stimulating degenerated cells into malignant activity.

Cancer, as a disease of degeneration dependent on *undue nervous wear and tear*, deserves separate mention. This dependence I have conclusively shown by pointing out the enormous disproportion in the mortality alike from Nervous Diseases and from Cancer during the years of early manhood in the "Unoccupied Classes," which largely consist of those whose disability for the battle of life is due to nervous complaints. A further point in confirmation of this contention is the fact that those occupations which are characterised by a disproportionate tendency to suicide are likewise marked by an undue mortality from cancer: and those with a low mortality from suicide are favoured by comparative freedom from malignant disease. This fact may be stated with approximate truth briefly as follows:—An occupational group composed of Innkeepers (London), Butchers, and Indoor Domestic Servants has a tendency to Suicide somewhat exceeding double that of "All Occupied

Males"; the mortality from Cancer is 10 % above the average. On the other hand, an occupational group consisting of Copper-workers, Clergymen and Coal Miners (Monmouth and S. Wales) with a mortality from Suicide only about one-third that of the average of all occupations has a *diminished* comparative mortality from cancer exceeding 30 %.

Cancer, once again, is disease of *mal-evolution*. The facts on which this assertion is based are those on which Cohnheim founded his tumour-germ theory of cancer. And what is true of pre-natal germ cells is likewise true of those post-natal aberrant or mal-evolved cells which arise in consequence of *injury*, or in the *healing of operation* wounds.

Cancer is, moreover, a disease of *old age*. It has been said that the only thing known about cancer is, that it is a disease of old age. This is but a very limited part of the truth. In advancing life one dies, not because the whole body is worn out and incapable of its functions, but because the chain breaks at one link—its weakest link—whether that be the brain, or the heart, or the lungs. This, again, is a very limited and partial statement of truth. Man dies, not merely because the more noble organs, one or other, fails in its functions, but because, perhaps, some absolutely insignificant gland or tissue is worn out and incapable of resisting some constitutional condition, in the presence of which it takes on the characteristics which are designated malignancy. Thus it is, that the causes of malignancy are precisely similar to the causes of death. And because the degenerations which are here referred to are confined, not merely to the period of old age, but may occur at any time of life, in consequence of habits and other conditions tending to degeneration, cancer is found most prevalent, not in those populations with a higher age-constitution, but in those whose expectancy of life is less.

Cancer is, finally, a disease due to *chronic irritation*, whether such irritation be due to mechanical, chemical, thermal, thermo-electrical, or other agencies. The sites especially prone to cancer are those superjacent to spots at which nerves are subjected to varying degrees

of pressure. Cancer is also due to *strain*, again perhaps through nerve agencies. It has appeared to me that cancer of the breast is just as likely to follow the sudden spasmodic muscular strain of a successful effort to avert a blow as to the damage occasioned by *an actual blow* received. And it is generally admitted, I believe, that recurrence after operation is favoured, or even excited, by any undue muscular strain, whether active or passive.

The late Sir James Paget was the teacher with whose opinions the foregoing statement is most in accord. He recognised the combination in every case of cancer of dual factors, one local, the other constitutional; and that cancer might arise where either factor was unduly pronounced, even if the other were but very little abnormal.

The relation of cancer to other diseases of degeneration has been largely worked out by statistical investigations, such as that cited above in connecting cancer and suicide with a common cause. Some of these conclusions have been published elsewhere; others remain unpublished. What I have insisted on—and this is the point on which my views of cancer differ, I believe, from all others—is this: Cancer is a disease which arises, not from any *specific* cause, but from the concentration of some common constitutional derangement on certain cells primarily abnormal, or previously weakened. The reader will at once see that heredity may tend to the production of cancer in both ways. It may be responsible, not only for peculiarities in certain groups of cells, making them prone to cancer, but may further bequeath certain constitutional degenerative processes—for example, gout.

The importance of this proposition from the point of view of operation must be obvious to all. The less the constitutional element in any case of cancer, the more likely is operation to be successful. But in every case of cancer that constitutional factor must be determined, and suitable treatment directed thereto, the surgeon recognising that his duty to his patient has only just begun when he or she has been safely brought to convalescence after a successful operation.

The cell which is the agent in the cancer process is

one which is not perfectly normal. This abnormality may depend on pre-natal or hereditary conditions, or it may result from illness, injury (including operation), chronic irritation, strain, undue wear and tear, or old age. In the absence of a suitable environment, either such cell remains quiescent, or undergoes the ordinary processes of inflammation. But given the environment, then the ordinary sequence characterising malignancy supervenes. And such environment may be nothing more nor less than the ordinary maladies recognised as hereditary or common in advancing years (gout, Bright's disease, diabetes, nervous disease, syphilis, etc.), which concentrate their energy on the local abnormality.

# CANCER:

## The "False Lights" of Vivisection

The absurdity of the position of the vivisector who admits that there are a "hundred" different kinds of cancer, and yet seeks for *one* cure has been already referred to. My indictment of Cancer-Research (as synonymous with vivisection) is two-fold; firstly, that in the very nature of things it never can discover the cure, and, secondly, that it is distracting the attention of its practitioners from obvious lines of legitimate and fruitful research, and is thus setting back the day when humanity shall be finally delivered from the scourge. That cancer-research and surgery constitute an association for mutual admiration and support in no wise invalidates the force of my arguments.

## WHY VIVISECTION WILL NEVER DISCOVER THE CURE OF CANCER.

It is common ground that the *cell* is the essential factor in cancer. It is common ground, moreover, that the *malignancy* of the cancer cell depends on its *environment*. Every recognised theory of cancer admits that the cancer cell may remain for an indefinite time quiescent (that is non-malignant) in the human body, until a suitable "environment" arise, that is to say, a suitable constitutional condition. Conversely, the "spontaneous cures" of cancer cases, alike numerous and well authenticated, conclusively show that there is an environment in the presence of which it is impossible for the vitality of the cancer cell to be maintained. The cancer dies, and the patient lives. Vivisection will never, *can never*, discover the cure of cancer, because

the cells of the mouse-tumours, on which all such research has been based (the Jensen Tumour), are essentially different to the cancer cell in man; and the constitution of mice is so fundamentally at variance with that of mankind as to make an analogous environment absolutely out of the question. The true conditions governing malignancy in ourselves are, therefore, beyond the purview of experimental research.

## (1) THE CELLS OF MOUSE-TUMOURS AND CANCER.

Whilst admitting that there is a general microscopical similarity of appearance between the cells of mouse-tumours and certain forms of cancer, it must be remembered that, not only did the most diverse opinions exist amongst equally competent observers as to the actual kind of cancer represented by Jensen's mouse-tumour, but there are men of the highest professional eminence (Mr. Pearce Gould and Dr. Norman Moore), who deny that it is possible to diagnose the cancerous nature of any tumour merely by the microscopical appearance of the cells.

Moreover, it has been shown that the cells of mouse-tumours may undergo metamorphosis of which the cancer cell in mankind has never yet been regarded as capable. And the life-history of the *aggregation* of cells constituting the mouse-tumour of spontaneous origin *differs in every single respect* from the course of cancerous tumours in mankind.

## (2) SUITABLE ENVIRONMENT AS A CONDITION OF MALIGNANCY.

Mice constitute a class so entirely apart that in them alone is it possible to transplant such tumours: the limits of such transmissibility are of the narrowest possible description, and of such a temporary character, that a large proportion of such transplantation tumours undergo spontaneous cure. Moreover, there must be an absolute difference in the constitution of mice and

their immediate allies as compared with *all other* creatures, seeing that the Danyz virus induces in mice, field mice, and rats an acute specific illness (generally fatal), although innocuous to the rest of the animal world.

At the risk of repetition, I submit that vivisection can never discover the cure of cancer, because the only known method of experimentation is concerned with the tumours of mice, which run *spontaneously* a course different in every single respect from that characterising the course of cancer in mankind. These tumours are composed of cells which are *fundamentally* different from human cancer cells, seeing that they can take on *sarcomatous* characteristics: whilst the general similarity in microscopical appearance proves nothing. The problems of malignancy can never be illuminated by vivisectional research, seeing that the constitutional environment in mice (and their immediate relations) is something so entirely apart, not only from mankind, but from all other animals.

## HOW VIVISECTION BLOCKS THE PATH TO THE CURE OF CANCER.

Vivisection blocks the path to the cure of cancer because :—

(1) In spite of such an almost complete difference between the tumours of mice and cancer in mankind, it is claimed that such tumours constitute a scientific standard whereby the value of remedies alleged to have been of service to mankind can be finally accepted or rejected. Can any claim be more preposterous? Would it not be fairer to conclude that if a remedy were without effect on the tumours of mice, there would be some reason for hoping that it might be of advantage to ourselves?

(2) Vivisectional research, in my judgment, is actually blinding the eyes of its practitioners to obvious lines of progress. Cancer is a disease of *old-age*, say they, and, therefore, the mortality statistics in Ireland must be wrong, because with a higher age-constitution

there is a lower cancer mortality as compared with that of England. I have conclusively shown that cancer is a disease, *not of old age as such*, but of the degenerations which are inevitable in old age, but may occur at any time of life; and *are largely preventable*. In other words, cancer mortality is lower *because* the age-constitution is higher. The causes which make for cancer are precisely the same as make for death. But how very differently is this question approached by the vivisector. Such teachers, for example, ridicule the idea of alcohol being a cause of cancer, because the cod and trout, admittedly water-drinkers, may suffer from tumours which they regard as cancer, ignoring the fact that such tumours (even if admitted to be cancer) *are of extreme rarity*, which cannot, unfortunately, be said in the case of beer and spirit drinkers. On the other hand, the positive evidence of alcoholic excess being one of the causes of cancer is simply overwhelming.

That experimental research appears to support my contention that operative interference increases the malignancy of the cancer process, and that with each such interference there is an advance in the degree of malignancy, has been referred to elsewhere. What to me is so astounding, is, that in the face of such evidence the *local* origin of cancer should be insisted on—and its curability by operation. If the views which I have already submitted in this essay be true, it would appear impossible to exaggerate the evil done to scientific cancer-treatment by deductions alleged to be founded on vivisectional cancer research.

Such, then, stated in the briefest form, are my reasons for believing that vivisection *never can advance* the cure of cancer, and is, as a matter of fact, actually blocking the path of progress. There is one other point to be urged against this research quite apart from any sentimental or moral considerations in regard to the animals experimented on in their tens and hundreds of thousands. Vivisectional research is open to the gravest form of self-deception, to say nothing of the possibility of the grossest fraud. The medical profession, as a whole, appears at the present time *hypnotised by its fixed attention on sera and vaccines*. Let a man

add any remedy to an animal solution and call it a *serum*, and the whole world would probably be at his feet! We have already had an example of enormous fees demanded in advance for treatment by a serum which was admittedly "attenuated" by remedies which are of decided therapeutic value in the treatment of cancer.

The position is an extraordinary one. In one case, a particular remedy was proved to be of great value in certain cases of cancer. It received no recognition, however, at the hands of official Medicine until after it had proved effectual in killing a mouse. Another method of treatment was welcomed with such *empressement* by a medical journal with a large non-medical circulation, that the leader-writer, in his haste, confused a vaccine with a serum. And what were the credentials of this loudly-trumpeted cure? One of the reporters naively admitted that the cases had been published *before* the summer holiday lest there should be nothing worth reporting afterwards. As a matter of fact, I believe that the method advocated has since been entirely discredited in the treatment of cancer.

It is a noteworthy fact, however, that it was the same medical journal which refused the publication of a letter recording cases of alleged cure of cancer, some of which were (and still are) available for inspection, on the ground that the letter was *too long*, although the space required was less than had been devoted to an artificial purgative indexed under its proprietary name.

I have repeatedly challenged the Superintendent of the Laboratories of the Imperial Cancer Research Fund to a public debate, and am not altogether surprised that such invitation has remained unanswered, and even unacknowledged.

# Why Operation is Not the Cure for Cancer.

It is not, of course, asserted that operation for cancer is never followed by a freedom from recurrence: my own experience would happily be against such a statement. If the constitutional nature of cancer, moreover, were recognised as a vital factor in the after-treatment of operations, I do not doubt but that a successful result would follow with enormously increased frequency. The great surgeons of the past recognised that their duty had only just begun when the patient had been brought to a successful convalescence after operation. The surgeon of to-day, perceiving that it is illogical to insist on the curability of a *constitutional* disease by operation, persuades himself that cancer is of local origin. And if the local disease be removed, what need is there, he asks, for further treatment? Well, did Dr. Paris, in his lectures from the Chair of Materia Medica, at the Royal College of Physicians, of London, say:—

“He who is governed by preconceived opinions may be compared to a spectator who views the surrounding objects through coloured glasses, each assuming a tinge similar to that of the glass employed.

“The human understanding, as Lord Bacon justly remarks, is not a mere faculty of apprehension, but is affected, more or less, by the will and the passions. What man wishes to be true, that he too easily believes to be so: and I conceive that Physic has, of all the sciences, the least pretension to proclaim itself independent of the empire of the passions.”

That operation is in no possible sense the cure of cancer is clear from the following considerations :—

(1) All the arguments in favour of cancer being a *local* disease might be with equal or greater cogency advanced to prove its *constitutional* nature, whereas there are other facts *consonant only* with its origin from “constitutional” causes. The principal of these facts is comprised in the evidence pointing to cancer as one of the diseases of degeneration.

(2) Taking cancer of the female breast as a type, because for fairly obvious reasons the problems of cancer can be studied in this organ in their simplest form, the effect of increased operative zeal on the registered mortality from cancer may be thus summarised :—

(a) The best results obtained to-day compare unfavourably with the best results obtained more than one hundred years ago.

(b) Although modern operations are now undertaken with increased frequency and at an earlier stage of the disease, and although, in spite of their wider extent and greater thoroughness, they are attended by a great diminution in the mortality due to the operation itself, nevertheless, progressive operative zeal has been co-incident, stage by stage, with an enormous increase in the subsequent mortality from cancer. As soon as the modern operation began to bear fruit—the fore-quarter-of-lamb-operation—the percentage increment of mortality increased threefold in the first three years, and three times threefold in the second triennium. And it was only in the year 1905, when the surgeons protested against the publication of alleged cures by non-operative measures, that there was any arrest in the progressive mortality.

Step by step, also, with each such increase of operative zeal the average date of recurrence has been advanced, the character of the recurrence has become graver, and the life of the patient has been shortened.

(3) There is an enormous mass of material, clinical, pathological, and physiological, to explain not only why this is so, but *why it must be so*.

Until the facts and figures which I have published are either refuted or explained away, I am unable to avoid the conclusion that Operation is more frequently a cause of cancer than its cure. In other words, *if there were no other chance* for the patient suffering from tumour of the breast than operation, on the average, one patient with another, humanity would be better off—*under existing conditions*—if operation were made a penal offence.

Briefly stated, such is my indictment of Surgery. How has it been answered? I know of no reasoned attempt to controvert the facts and figures, or to confound the argument. Mr. Stephen Paget, the Honorary Secretary of the recently formed *Research Defence Society*, at one of its Meetings held subject to the stipulated condition that none but programmed speakers should be allowed to address it, quoted from a speech of mine to the effect that operation was more frequently a cause of cancer than its cure, because the surgeon by an operation on benign growths might unwittingly induce a subsequent cancer. This statement Mr. Paget characterised as "one of the lies of the anti-vivisectionists."

I immediately pointed out to the meeting that the speaker was virtually impugning a statement made on the authority of his late father, Sir James Paget, and offered to find the passage in Paget's "Surgical Pathology," if the book were obtained from the adjacent library. This offer was not accepted, nor was I allowed to answer the challenge.

The quotation referred to reads as follows:—  
(Paget, "Surgical Pathology," Third Edition, 1870, page 806.)

"A tumour is removed which is apparently of an innocent sort; but some time after, a cancer appears at the same part. The explanation of some of these cases is, that a simple tumour has grown in a person having an hereditary or other constitutional tendency to cancer; and that, in the

removal of this tumour, the surgeon has unwittingly supplied, by the local injury, what was needed for the production of a cancerous growth; he has made some locality apt for the manifestation of a constitutional disease already existing."

How unfortunate was Mr. Stephen Paget's association of a quotation from the work of his distinguished father with "the lies of the anti-vivisectors" may be judged by a quotation from the former gentleman's biographical note of Sir James Paget in the *Encyclopædia Britannica*, Tenth Edition, Vol. 31, page 406:—

"It is probable that no famous surgeon, not even John Hunter, ever founded his practice deeper in science . . . He fills the place in pathology that had been left empty by Hunter's death in 1793. . . He and Virchow may truly be called the founders of modern pathology; they stand together, Paget's *Lectures on Surgical Pathology* and Virchow's *Cellular-Pathologie*."

It is scarcely conceivable that Mr. Paget founded his charge of "lying" on my adoption of the word "unwittingly." If this were the case, it would lend colour to the grave indictment of surgery and surgeons made publicly in my hearing by Dr. Robert Bell, and duly reported in the daily press:—

"Every operation performed upon a cancerous subject was vivisection, for the operator knew perfectly well that the operation would not prolong life and would not mitigate suffering, but would, on the contrary, aggravate suffering and shorten life. Cancer was not a case for the surgeon, but for the physician."

With Dr. Bell's views, it need hardly be said that I am not in complete accord. After suitable operation on cases of cancer in which there is strong evidence of the preponderating influence of the *local* factor in presence of a constitutional condition amenable to treatment, *and duly treated*, there is strong ground to hope for success, permanent success. But against the principles and practice of modern surgery I shall do my utmost to protest. Modern surgery regards cancer as local in origin, and for

this reason removes it at the earliest moment—if possible, when it is but the size of a pea—by an operation reaching the limits of anatomical possibility, and consequently entailing enormous tension on the stitches whereby the flaps of the operation-wound are brought together—and very prolonged subsequent healing. In the first place, I object, because it is impossible to be sure that the microscopical appearance of such a small tumour justifies the diagnosis of cancer, whilst the terrible mutilation entailed is certainly a predisposing cause of the disease, even though previously it had been non-existent.

With very rare exceptions, the lay press of the English-speaking world admitted that my book, "The Cure of Cancer: and how Surgery blocks the Way," had made out a case that *must be answered*. Although many leading journals gave up a whole column, more or less, to its review, the medical press almost unanimously has been content "to lay low and say nuffin." Why is this? Is it unreasonable to infer that there is no more conclusive answer available than that offered by the Hon. Secretary of the Research Defence Society; or by the silence of the General Superintendent of the Imperial Cancer Research Fund? If this be so, and if the claims of Surgery and Cancer-Research rest on no surer foundation than a superstition as crude as it is cruel, and as fatuous as it is futile, then there can be no doubt that neither Royal patronage nor the gold of alien-born financiers or millionaire brewers (a hair of the dog that has bitten us), will eventually compensate suffering and deluded humanity.

It is with a strong sense of relief that I turn from Cancer-Research (so-called) and Modern Surgery to the record of results from more rational means and methods in the treatment of cancer. But let my cases speak for themselves. It certainly cannot be urged against the majority of them that they have been served up to the public with the haste of hot-cross buns. It is only when one has a vaccine or serum to offer that the immediate publication of results is justified "*in case unfavourable changes should intervene before next session.*"

# CLINICAL CASES.

## CANCER OF THE FEMALE BREAST.

There are several reasons why a premier position should be given to the consideration of this malady, because, as Mr. Nunn, Consulting Surgeon to the Middlesex Hospital, pointed out: (a)—“Probably a better opportunity of studying the progress of the disease is afforded when it attacks the breast than when seated in any other organ, as—for a time, at least—no vital function is deranged, and the cancer process is, so to speak, immediately under the observer’s eye.

The question of improved diagnosis is, in fact, so far eliminated as to make it certain that, not only are the mortality returns of the twentieth century absolutely comparable with those of a much earlier period, but the disease as recognised to-day is the same disease, the clinical features of which were sketched by the master hands of Hunter, Abernethy, Astley Cooper, Travers, and Paget, with a graphic vividness and faithfulness to detail never since surpassed. Moreover, cancer of the female breast is of great importance intrinsically, seeing that one-tenth of the total mortality from cancer in the whole population is ascribed to this source, no less than 17,305 deaths having been registered in England and Wales during the six years, 1901 to 1906. It is not without interest, moreover, to note that the term “cancer” was first applied to the disease as affecting the female breast, although it is not quite certain what was the exact association of ideas which gave rise to the name.

### OBSERVATION I.

**Scirrhus of the Breast, in which hard nodules remained after treatment, without detriment to the patient.**

A patient about 54 years of age had had for four years a lump in the breast, which occasioned her no inconvenience. She then had a knock on it, and thereafter suf-

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(a) “Cancer,” T. W. Nunn, 1899, page 39.

ferred much pain, which seriously interfered with her work. I saw her first in September, 1903. The case was obviously a large scirrhus, and I advised operation without delay. This the patient positively refused, although time and again I pointed out to her in the presence of others the momentous nature of her decision. The glands in the armpit became involved, and two columnar processes extended downwards and inwards towards the epigastric notch. I warned her that it was her last chance of reconsidering her decision. She persisted. It should be noted, moreover, that she has a growth connected with the last joint of the middle finger on the right hand, which presumably is malignant. She thinks it came about the time that she first noticed the swelling of the breast. *Both her parents died of cancer.*

The subsequent history briefly is this: The gland in the armpit has disappeared; the columnar extensions have likewise gone; the whole mass has very much shrunk, and when I called on her to ask her permission for Mr. D'Arcy Power to examine her, it was even smaller than when I had provisionally stopped treatment seven weeks before. She informed me that she had no pain whatsoever, although she takes her part in her household duties. Not only the patient, but medical colleagues (Dr. Shaw-Mackenzie, Dr. A. Pirie, and, I think, Dr. James Wigg), who have seen the case, can, and presumably would, if necessary, bear witness to the substantial accuracy of the facts as stated.

*Note*, November 19th, 1906.—All treatment has now been suspended for fourteen months; the breast has continued to improve; the two hard nodules are much smaller, the one, if it exists at all, being about the size of a pea, and the other of a broad bean. In the early summer she lost weight, but since August has gained somewhat. She has no pain excepting when she is overworked, or carries her daughter's baby. There is a little tendency, however, for the swelling in the finger to increase, although she suffers no pain and is able to use it freely. Constipation is the only symptom she complains of, with occasional giddiness, and spots before the eyes.

*Note*, March, 1908.—The patient is even better than at the time of the previous note, one nodule being scarcely larger than the size of a pin's head.

*Note*, September 23rd, 1908.—There is no setback of any kind to report. The patient appears in excellent health and there is no untoward development in the breast. The weight, which was as low as 8 stone  $3\frac{1}{2}$  lbs. in August, 1906, is now 8 stone  $12\frac{3}{4}$  lbs.

This case appears to me of the utmost importance, the persisting nodule merely confirming the accuracy of the diagnosis. The very name "scirrhus" denotes its hardness, and the nodule remaining in such a case as that quoted above is probably as innocuous as would be an encysted bullet. It is now more than five years since I saw the patient with a cancer approximately the size of her fist, with enlarged glands and "roots" extending towards her liver; to-day there is the barest vestige of her local trouble, and she appears otherwise in perfect health, the finger having remained much in its previous condition.

In order that the reader may understand the significance of a nodule remaining, it may be of interest to compare two cases, the one, in which a tumour disappeared almost as if by magic, the other in which the tumour, having decreased under treatment to approximately half its bulk, was operated on, the diagnosis of scirrhus cancer being in this manner confirmed, whilst at the same time the effect of the previous treatment was visibly demonstrated.

## OBSERVATION II.

### **Tumour of the Breast of two years' standing, which completely and permanently disappeared after two treatments.**

A young girl with a lump in her right breast had suffered increasingly for two years from pain and inability to use the arm, thus being seriously disabled in her work. In addition to having a lump in the breast the size of a pigeon's egg, her nipple was retracted. She told me that she could never remember it otherwise. With two applications this lump entirely disappeared,

and the nipple became normal in character. Obviously this was nothing more than a cyst of the mammary gland ; there was no question of malignancy. The girl was kept under observation for some months, but there was no return of her trouble, the breast remaining normal in character and free from pain.

### OBSERVATION III.

**A case of Scirrhus Cancer of the Breast, which markedly diminished under treatment, the diagnosis being confirmed by subsequent operation.**

A patient with tumour in the breast and enlarged glands, in whom, under treatment, the tumour decreased very much whilst the glands remained constant, or slightly diminished. Unfortunately the patient was persuaded, at this stage, to submit to operation, when the accuracy of the previous diagnosis was confirmed.

It was reported to me by the husband of the patient that at the seat of one of the injections an abscess had formed. If this were so, it must have developed after the patient had passed from under my observation. It is not impossible, however, that I should have described the condition as one of "localised leucocytosis," and have claimed this as evidence of the success of the treatment which had been adopted.

It is now more than a year since this patient passed from under my care, and I have just had the gratification of learning that she keeps free from recurrence after the operation, which was undertaken *contrary to my advice*, apparently in consequence of her local doctors refusing to carry out my treatment, unless the exact composition of the remedies employed was disclosed to them. This is a matter to which I shall again refer before closing this essay. For the moment it is enough to note that the patient agreed with me as to the diminution in the size of the lump (a diminution, it is to be remembered, occurring in the vital, growing part of the tumour, the "roots" of the cancer), whilst the fact

that in December, 1908, she is apparently free from cancer, although in October, 1907, the tumour in the breast was already accompanied by enlarged axillary glands, will, I believe, confirm the value of the treatment adopted to every expert of unprejudiced mind.

#### OBSERVATION IV.

**A case apparently of acute Carcinoma of the Breast, in which the Tumour entirely disappeared.**

This lady, aged about 45, had a knock on the breast, Easter, 1907, but noticed nothing amiss until Whitsuntide, when she discovered a lump in her right breast. As this increased, she went to a doctor, who advised immediate operation. She therefore placed herself under my care. She was seven weeks in my Nursing Home. At the present time I can discover no trace whatsoever of her tumour.

Another case is the following :—

#### OBSERVATION V.

**A case of typical Scirrhus of the Breast, completely and permanently cured.**

A lady about 40 years of age, who, without any very obvious cause, appeared for some months to have been losing health and strength, accidentally discovered a lump in one breast. This is, perhaps, as Sir Astley Cooper pointed out, the most frequent history of cancer in the breast—and that such was the nature of the present tumour, I was fully persuaded. I advised the patient to try electricity before having recourse to operation. After about thirty applications the tumour entirely disappeared, and, so far as I know, never recurred, the patient dying as the result of an accident some fifteen years later.

## OBSERVATION VI.

**Scirrhus Cancer, in which a nodule persisted after treatment, but subsequently disappeared during pregnancy.**

This lady was about 30 years of age, and detected a lump in her breast at a time when she appeared considerably out of health. Thirty applications of the electrical current failed to entirely remove the last remnant of the growth. Her general health was, however, so much improved that she would not consider the question of operation.

Now here comes the interesting point about this patient. With a nodule still remaining in the breast, although insignificant in size compared with the original lump, she married, and shortly afterwards became pregnant. Under the physiological stimulus of this condition, the lump, I understand, completely disappeared. Unfortunately I never saw the patient again, as she took scarlet fever after her confinement and died.

The following three cases were none of them permanently successful (one is still under treatment), but from the point of view of clinical evidence they are, perhaps, of even greater significance than any case of alleged perfect cure could possibly be:—

## OBSERVATION VII.

**Tumour of the Breast which shrank to such a Degree under Treatment that the Patient refused to believe in its Malignancy. Renewed Growth after a few years.**

Some years ago a relation of my own, about 35 years of age, came to me for advice with a swelling in her breast. I took her at once to a surgical colleague, Mr. F. Durham, who advised immediate operation. She begged so insistently, however, that I should try treatment on the lines which had been successful in other cases, that I consented. After a time I sent her back to my colleague, who wrote me thereon as follows: "I am very glad to see Miss D—— again, and to find the swelling in the breast so much reduced in size. I cer-

tainly think she had better continue your treatment for a time, at any rate. A good deal of the infiltration has been absorbed, but the central part of the breast still feels hard, and there are some little irregular, shot-like nodules about—I suppose small cysts. No doubt there is some cystic degeneration with inflammatory infiltration, but whether or no there is some sarcomatous growth as well is rather doubtful. I should like very much to see her again, or hear of her again, when you think fit."

It is scarcely necessary to point out that to speak of "*inflammatory infiltration*" is to beg the whole question.

The patient after some further applications felt so well that I could not persuade her to continue the treatment for the requisite time. And she kept well for some years, at the end of which period, unfortunately, there appeared to be a re-awakening of the malignant process in the breast which I had done my best to warn her was not cured.

The reader will readily perceive that, if treatment have succeeded to such a degree as to deceive the patient in regard to the malignant character of her trouble, and the cancer recrudesces on the premature suspension of such treatment, there is yet another link forged in completing the chain of evidence of *the curability of malignant processes by non-operative treatment*. And the practical teaching of such a case, is, that the patient should be kept under periodical observation for an adequate time after treatment has been suspended.

### OBSERVATION VIII.

**A case of extraordinary Malignancy, the Patient having been operated on five times. Recovery was checked by severe mental strain, but recommenced somewhat later, and persisted for a time after leaving my care.**

This lady, when 41 years of age, in the spring of 1904, discovered a lump at the upper and outer part of her right breast. In January, 1905, the whole breast was removed, and the tumour was reported on by the pathologist of the Pasteur Institute of Paris as benign in

character. Although she had a good convalescence, four months later a nodule appeared in the scar, which was removed in the middle of June by an operation of such an extensive character as to require an hour to an hour and a half for its performance, and six weeks for the parts to heal. In September of the same year a fresh nodule appeared in the scar of the arm, which nodule was removed by a small operation which took but fifteen minutes. In the following month (October, 1905) fresh nodules sprouted, and the patient having commenced a course of treatment by animal extracts, underwent in the middle of February, 1906, a "Halstead's" operation of so extensive a character that she was more than three hours under the anæsthetic. Treatment by the animal extracts was recommenced, and of these injections the patient had had fifteen subsequent to the operation, before fresh nodules appeared in Easter week. The injections were still persevered with, the patient having had sixty in all, before coming to London, in June, 1906.

There does not appear to be the slightest doubt that these injections were of very great service, as their remission was attended by very rapid progress of the mischief. A fortnight's course of treatment in London had but little effect, and my colleague generously placed the patient under my care for treatment by my special methods. He has himself recorded the local improvement and an increase of eight pounds in weight, the former having been described by him in a letter as "marvellous." Unfortunately, this patient was exposed to a number of highly disturbing factors (in addition to an attack of influenza), which tended to depress her mental and physical vitality. The value of the treatment, however, is borne witness to by its ability to control the progress of a case of such extraordinary virulence as that sketched above, the improvement having been of such a remarkable character as to have made me believe at one time in a rapid cure.

Three weeks or so after leaving my care I received the following item of news regarding this patient:—"My wife's general health continues to be as satisfactory as possible. The appetite is good; and her *morale* as well; and, up to the present, no pains. It appears to

me that the enlargements, too, have some tendency to diminish."

Unfortunately this lady, who was a resident of Paris, was subsequently persuaded by well-meaning friends to undergo a much-advertised serum treatment. In less than ten months from the date of the above quoted letter she had passed away.

## OBSERVATION IX.

Both breasts have been removed for cancer. Nearly six years after the second operation there was a recurrence near the scar. This has been kept in check for two years with such success that the patient has during this time appeared as well as ever. But the cancer is in no sense cured.

This lady, who is now 58 years of age, has suffered from rheumatism since she was 17, and from time to time has had attacks which were ascribed to gout, although these have been very little in evidence since 1900. In October, 1897, she discovered a tumour in the left breast, which was removed by a well-known surgeon in the course of the following month. Two years later Prof. Rossier and Vulliet discovered a swelling in the right breast, and the patient returned from Lausanne to be under my care. By April, 1900, all appearance of this swelling had disappeared under simple medico-physical treatment, which unfortunately was not continued sufficiently long. The following year there was a suggestion of recurrence and the patient elected to undergo operation without further trial of electricity and other remedies. In April, 1901, I operated on her in the usual way. And she remained in good health and free from recurrence for upwards of five and a half years. It may be here noted that if a patient remain free from recurrence three years after operation, such operation counts statistically as a success. In December, 1906, whilst in Brussels, the patient became conscious of a small, painful swelling attached to the rib-cartilage in the neighbourhood of the scar. But it was not until

February, 1907, that she came under my care for treatment. Since that time, whilst under treatment, the growth has invariably diminished: during the suspension of treatment it grows. There have been times when I thought it had absolutely disappeared: but this was not the case. Pain has been invariably removed by treatment, even when it has been severe immediately beforehand.

No stronger clinical evidence in favour of the treatment pursued could probably be found in the whole range of medicine than that afforded by the above-cited case. Here is a patient in whom the constitutional tendency to cancer is not merely evidenced by family history—the mother died of cancer and certain other members of the family from consumption—but by the early affection of the second breast after the amputation of the first. Although it is matter of common experience that each successive recurrence is more malignant than that preceding it, yet for two years this last recurrence has been kept in check in the most remarkable manner. If the growth had entirely disappeared, it would of course be open to the sceptic to deny the cancerous nature of the malady. This has, in fact, always been the strong point of surgery—if a tumour have been successfully treated by non-operative measures, then it was not a cancer! The “Heads-I-win, Tails-you-lose,” logic of Surgery! But here such an argument is not possible, seeing that time and time again the most marked improvement has occurred under treatment, with *a recrudescence in the intervals*.

## OBSERVATION X.

### CANCER OF THE WOMB.

**Recurrent Cancer of the Neck of the Womb successfully treated.**

There was no return of the disease during the period of the patient's subsequent life, which was eventually terminated by Bright's disease,

A lady, about 32 years of age, the neck of whose womb I had removed some eighteen months before for

what I believed to be epithelioma. About a year afterwards, her health, which had in the meanwhile greatly improved, again failed very much; her complexion became markedly cachectic, and she complained of excessive weakness. I discovered on the stump of the cervix an intensely irritable-looking papule, which subsequent observation showed was increasing slowly in size. I advised a consultation with a view to hysterectomy, and frankly admit that I should have been prepared to undertake the operation without any further microscopical examination. That the condition was one of recurrent epithelioma is to me absolutely and unequivocally clear.

Whilst expressing her willingness to adopt the course proposed, she suggested that X-rays and the high-frequency might first be tried, as some friends had sent her an article from one of the morning journals dealing with these agencies. I did not think I could be doing her an injustice in trying this treatment in the interval before her next period, and so consented. The result appeared to me very disappointing; the only change I could discover was that the papule had become of a curiously waxy appearance—a change to which I attached no importance. I arranged, therefore, that she should come up to town immediately after the period then almost due, in order that the matter might be dealt with more radically. She came up as promised, but there was nothing to deal with.

Unfortunately this lady has since died from Bright's disease. I had the advantage of consultation with an eminent colleague, Dr. Hawthorne, during her last illness, and he agreed with the diagnosis. What is quite certain is that there was no recurrence at the former seat of the disease, and none, so far as either of us could detect, elsewhere.

The above-quoted case is of special interest as supporting the view that the cancerous diathesis is associated with tendencies to other degenerations—in this case to Bright's disease. For many months before her fatal illness this lady had been warned of the urgent necessity of serious attention to the state of her health, but, unfortunately, her domestic circumstances did not allow of her devoting the necessary time and expense to her grave

personal needs. The case is of further interest as being the first with which I am acquainted in which the cure of cancer can be ascribed—partially at least—to the influence of high-frequency spark discharges. The patient was cured at Christmas, 1900.

## OBSERVATION XI.

**Cancer of the Neck of the Womb apparently of a high degree of malignancy. Complete success; the patient remains free from symptoms more than a year after treatment was suspended.**

This lady came under my care when 45 years of age. She had never been very robust, and two years before her marriage (at 34) she had suffered from fissure of the bowel, which had been dealt with by operation. One child was born a year after marriage, and a year still later, after taking up bicycling rather too energetically, she began to suffer—and continued to suffer for many years—from symptoms which were diagnosed as due to congestion and displacement of the womb. I first saw her early in 1907, when I failed to perceive any indication of the grave condition which was threatening. After a short course of treatment the patient felt so relieved that she kept away for six weeks. At the succeeding visit my attention was immediately attracted to the extraordinary change which had taken place, and on enquiry I learnt that the classic symptoms of cancer of the neck of the womb had manifested themselves in the meanwhile. I interviewed the husband and explained to him that in my judgment the case was not only manifestly cancer of the neck of the womb, but that it had already made such progress in such a short time as to negative the probability of any good whatsoever resulting from operation.

During the months of June, July, and August, 1907, the patient had nine weeks' treatment in my Nursing Home, and for several weeks subsequently visited my consulting rooms twice weekly for further treatment.

The clinical results have been in the highest degree

satisfactory, both from the point of view of the patient's symptoms and physical examination. In November, 1908, more than a year after the suspension of treatment I had the opportunity of learning from the patient, who was consulting me for some other trouble, that she had none of her old symptoms. There was, moreover, a complete absence of any manifestation of her malignant trouble.

## OBSERVATION XII.

### CANCER OF THE OVARY.

**A case of Cancer of the Ovary which is still under treatment, in the sense that the patient continues to take remedies. The improvement already attained, however, is of so remarkable a character as to deserve present record.**

This patient, now 52 years of age, was under my care twenty-three years ago for painful periods, but has not suffered in this way since. She has lived in the meanwhile for some years in Australia and New Zealand. For the last five or six years the patient has been unable to walk owing to the "tremendous" pain which she subsequently suffered, and for some two and a half years has had a severe feeling of pressure in the left side. In February, 1908, having been informed by Dr. Woods, of Melbourne, that she had a lump in her stomach as big as a fist, she determined to return to this country to place herself under my care.

The size of this lump, its relations and subsequent progress during the time she was under observation in my Nursing Home may be best appreciated by the small accompanying sketches. It may be noted that the presence of a small mole on the abdominal wall—marked in the diagram with an X—enabled the relation of parts to be more accurately recorded than might otherwise have been possible. That the growth was malignant is borne witness to by the greatly enlarged glands which almost disappeared before she left, after two months' treatment. When first seen, internal examination presented the greatest difficulties, not merely on account of tenderness,



*Sept. 3, 1908.*

*Oct. 19, 1908.*

*Nov. 1, 1908.*

but because the extent of the mass so blocked up the pelvis as to make any discrimination of anatomical parts open to serious question. Before she left, the remnant of the growth had become so clearly defined from the womb which it had previously pressed over to the extreme left of the pelvis that it was easily recognised as being situated in the right ovary. It should be noted that her weight, which was 7 st. 6 lbs. on September 6th, had fallen to 7 st. 2 lbs. by October 3rd. It remained constant for the next fortnight and rose somewhat (half a pound per week) during the last fortnight in the Home. The loss would appear to be accounted for by the diminution in the weight of the growth, a loss which at last was more than compensated for by improved general nutrition.

### OBSERVATION XIII.

#### CANCER OF THE LARYNX.

Inoperable Cancer of the Larynx which made remarkable improvement under treatment, and subsequently maintained that improvement for a time, although the final history of the patient is unknown to the author.

This patient was brought to me by a well-known cancer specialist for consultation and subsequent treatment during the physician's absence from home. The gentle-

man had been sent to my colleague after inoperable cancer of the larynx had been diagnosed by two surgeon specialists. As the result of our consultation it was agreed to try, as part of the treatment, a course of hypodermic injections of a combination of drugs which had, in my hands, been of very great service. Whilst the patient was under my own observation the course of the malady was as follows :—

Although at first the amount of the swelling made it impossible to obtain a satisfactory view of the larynx, this subsequently came into the field of observation, and a mulberry-like excrescence was seen to slough out by its "roots," and the resulting cavity to steadily contract, week by week.

The circumference of the neck, which was increased owing to the presence of enlarged lymphatic glands, also diminished from  $15\frac{1}{4}$  to  $14\frac{1}{2}$  inches; and although there was a slight subsequent increase to  $14\frac{3}{4}$  inches, this had already fallen to  $14\frac{5}{8}$  inches before I lost sight of the patient. Sugar, which had been present in his urine, disappeared. His weight which was 10st. 13lbs. when we first saw him, increased to 11st.  $2\frac{1}{4}$ lbs., and during a short holiday in the country reached 11st.  $4\frac{1}{2}$ lbs.

The subsequent history of this patient is of extreme interest as illustrative of the professional attitude towards cancer-treatment. Although my colleague had published two references to the successful treatment of this patient at the stage covered by the above notes, on the ground that the "opsonic index" (since entirely discredited in the treatment of cancer) did not confirm the improvement, a new line of treatment was adopted, and shortly thereafter his cure was ascribed in the public press to the new remedy. From such published statements I gather that the neck at that time measured  $14\frac{3}{4}$  inches (a slight increase, as compared with the last occasion on which I had made an examination) whilst the weight, which had increased  $5\frac{1}{2}$  lbs. whilst under my observation, was reported as having advanced a further  $1\frac{1}{2}$  lbs.

A more recent case of alleged cancer of the throat is of interest from quite a different standpoint. The patient, the wife of a non-commissioned officer at

Aldershot, had been told by her doctor—or, at least, understood from him—that she was suffering from cancer of the throat. Her ailment yielded to simple treatment in the most encouraging way. It has been said, I believe, that I cured her of cancer. For this statement I am in no way responsible, as she never had, so far as I was able to judge, any signs or symptoms which would justify the diagnosis.

It is somewhat a temptation to refer to other cases (not the larynx) to which I have been summoned with a view to operation, or on which I have been consulted after grave operations had been proposed—cases which were amenable to the simplest treatment. But such digressions might tend to obscure the main issue.

#### OBSERVATION XIV.

#### CANCER OF THE TONGUE.

**A case of Cancer of the Tongue with convulsive spasmodic movement of the arms and legs, due perhaps to cancerous metastasis in the spine. Recovery and continued health.**

This patient, a gentleman nearly 72 years of age, was sent up by his doctor from the country in August, 1907, with a view to consulting a specialist for cancer of the tongue. He was advised by friends to see me first. The patient informed me that for eighteen months he had been losing health and strength, and had fallen off about 2 st. in weight. About the time that he first perceived these symptoms of failure he became aware of a little hard swelling on the tongue which at first yielded to treatment, but subsequently returned. More than once temporary benefit attended various medication. But there was no permanent improvement. Shortly afterwards he began to suffer from severe spasmodic movements and pains in both the arms and legs, which started as soon as he became warm in bed, or as he rested on the sofa. These movements were so continuous as to completely destroy his rest, and occasionally so severe that on one occa-

sion he gave himself a black eye. There was not only a very considerable amount of sugar in his urine, but the excessive quantity of water passed, as well as the thirst from which he suffered, showed the case to be one of *diabetes*, and not merely of glycosuria.

The tongue appeared to me so absolutely typical of early cancer that I advised him to consult a surgical specialist with a view to his hearing all that might be urged from that point of view. His son called a few days later to say that the patient and his family had decided that he would not submit to any operation, and desired that I should adopt treatment on lines which had been of great service to another member of the family when under my care.

To make a long story short. The diabetic symptoms greatly improved, but did not entirely disappear. The plaque on the tongue lost its hardness, and was scarcely discernible on inspection. The spasmodic movements and accompanying pains also disappeared, although there have been slight returns since.

It is now some fourteen months since I saw him, and I understand that he keeps in wonderful health considering his advanced age, being able, not only to take his part in Church work, but in the active care of his garden.

The case reminds me of one seen many years ago presenting signs which to-day would be regarded as demanding the immediate amputation of part at least of the tongue. Treatment of the simplest character was so successful that in spite of the patient's continued devotion to tobacco, he has suffered from no recurrence.

#### OBSERVATION XV.

#### CANCER BENEATH THE JAW.

**A case of Submaxillary Cancer subsequent to the removal of a growth suspected of malign characters, the patient still continuing in excellent health more than five years afterwards.**

In the early summer of 1903, when in her seventy-ninth year, we noticed that this patient was exceedingly

pale, and ascribed it to her keeping so much to her room. One morning she informed me that she had a great deal of pain in a lump on her face, which she had had, she said, for some time, but had not spoken of it. Her habit of wearing a small head-shawl had prevented its observation by others. The swelling was situated below the left ramus of the lower jaw, halfway between the angle and the symphysis; it was about 2 inches by  $1\frac{1}{2}$  in size, was exceedingly hard, and so completely inseparable from the jaw that I could detect no suspicion of a sulcus separating the two. It was somewhat tender, but not exceedingly so. What could that be but cancer? Presumably some malignant process in a foetal rest along the border of an embryonic arch. There was no irritation in the mouth or gums to occasion any lymphatic enlargement. It could scarcely be periostitis, for there had been no suggestion of injury. It should be said, moreover, that about seven years before, the patient had had a small epitheliomatous growth removed from the right side of the nose by Sir Jonathan Hutchinson.

Two distinguished colleagues very kindly came in separately to help me with their opinion. In answer to my question as to cancer, each in almost identical words answered, "I don't think so; but if it is, there is nothing to be done"—an expression which I interpreted as a kindly way of giving a bad prognosis. The one, I may say, regarded the growth as arising in the submaxillary salivary gland.

Deeply interested in this old lady, I was unable to accept what I regarded as a fatal prognosis. I am glad to say that the patient is now in her eighty-fifth year, and completely cured, I believe, of the trouble, although after the visit of my two colleagues the glands behind the angle of the jaw became affected.

The late Sir William Broadbent and Dr. J. H. Stowers were the two colleagues referred to. The only doubt I have heard Dr. Stowers raise as to the cancerous nature of the growth in this case was the success of the treatment, "The patient recovered, and is that usual in cancer?" I shall be interested to learn whether he is prepared to repeat that argument after reading the present booklet.

## OBSERVATION XVI.

**Case of alveolar carcinoma in the site of a tumour of the parotid gland which had been removed by operation. This cancer was operated on but recurred a few months afterwards. Physico-medical treatment was followed apparently by complete recovery. But subsequent to strain on the ligaments there was a recrudescence of the disease.**

Some three or four years before consulting me, a gentleman, but little over 40 years of age, began to suffer considerably from a swelling of the right parotid, which had up to that time been painless. I advised operation; and Mr. Berry, the well-known London surgeon, who concurred with this advice, operated in February, 1903. From the microscopical examination, the patient was confidently assured of an absolutely favourable prognosis.

Within three months, however, the old shooting pains returned, and a month later the patient detected a swelling. But the microscopical appearance of the growth had been so reassuring that it was not until early in 1904 that Mr. Berry advised a second operation, advice in which I concurred. This second operation took place in May, 1904; and the microscope revealed, as I learnt afterwards, an alveolar carcinoma.

In the course of the following autumn (some six months after the second operation) a small growth appeared in the scar, accompanied by an enlarged gland beneath the angle of the jaw. There was also some swelling deep in the neck beneath the muscles, passing to the hyoid bone. As the growth in the scar increased, I suggested that it should be excised for microscopical examination, a course the desirability of which was very properly questioned by the patient's medical adviser, on the ground that the growth had been proved to be an alveolar carcinoma, a fact of which I was till then in ignorance. This gentleman, I understand, was not favourable to the patient coming up for treatment; and no one can appreciate the genuineness of his sentiments

and the reasonableness of his advice with a keener sympathy than myself, who have seen our own countrymen, as well as others, in a foreign land, after leaving home and kindred in the vain hope of cure from an alleged specific cancer serum. Few will doubt the justice of his attitude in view of the comparative youth of the patient, the nature of the growth, and the rapidity of its recurrence with affection of the deep glands; and, for my own part, I can but thank him for the readiness with which he recognised and acknowledged improvement when it came. On September 5th, 1905, he was able to write: "Certainly the growth remains in abeyance, thanks to your treatment."

But later and even better news came from the patient's wife, dated October 29th. She wrote:—"Dr. Berry sent word that he would like to see my husband. He went up this afternoon, and after examining him Dr. Berry said he was both pleased and surprised to find him in such a condition, as he could find no trace of the old trouble. He took great interest in hearing about the treatment, and said he had no doubt in his own mind that the treatment had prevented its return, and, considering the length of time since the second operation, he did not believe that he would ever be troubled again, and he thought he might now dismiss it from his mind."

*Note*, Feb. 21st, 1906.—Excepting for neuralgic pain and some restriction in opening the mouth, the patient looks and expresses himself as feeling quite well. It appears clear that the symptoms arise from involvement of the nerves in the scar tissue and its contraction. It is to be noted that it is now nearly eighteen months since the growth recurred in the scar after the second operation, a growth now represented by a small band of scar tissue.

*Note*, Dec. 1st, 1906.—The patient unfortunately is suffering from a recurrence. In the summer, for the first time, I felt justified in accepting the opinion of my colleagues and considering him cured. Almost immediately afterwards he went under treatment in a nursing-home, in the hope of having the adhesions about the angle of the jaw sufficiently stretched or broken down to enable him to open his mouth wider, the massage and

gentle passive movements recommended appearing to him unnecessarily slow in effect. When he returned to see me, six weeks later, it was very obvious that there was a recurrence, the swelling having been first noticed, it appears, some fortnight earlier.

*Note*, Nov. 23rd, 1908.—This gentleman was under my care repeatedly between the time of the final recurrence and the date of his death, yesterday, November 22nd, 1908. On every occasion (excepting the last) marked improvement followed treatment. But in the intervals the malady gained ground. It is sad that such should be the termination of a struggle with disease characterised alike by heroic determination and Christian resignation. The original onset of the disease was in a very obvious manner traceable to the severe nervous strain of bereavement. The final recurrence (after its apparent cure) was perhaps due to strain on the ligaments about the jaw from forced passive movement. Such an explanation is consonant with my working theory of cancer, and is certainly often illustrated by the recurrences which take place after operation for cancer of the breast, where the movements in the arm have been allowed to become greatly impaired, and are subsequently treated by unduly severe gymnastic exercises.

## OBSERVATION XVII.

### CANCER OF THE STOMACH.

**A case of inoperable Cancer of the Stomach, the temporary relief following exploration being subsequently followed by a relapse which was considered hopeless. Complete restoration to health.**

Although I superintended the treatment in this case, it was undertaken on behalf of a colleague to whom alone is due the credit, the case being reported here for special reasons. The history was briefly as follows:—Urgent symptoms of cancer in the stomach had set in

with unusual rapidity. Prompt operation revealed a mass diagnosed as cancerous, and irremovable. An opening was made directly from the stomach into the bowel, thus relieving the patient from the consequences of the obstruction. Great relief followed. As the symptoms subsequently recurred, the case was regarded as hopeless, the patient, as I have heard, being "given three weeks to live." At this stage he came into my colleague's care, as he was about to leave London. Having prescribed for him certain remedies to be taken by the mouth, the doctor urged the patient to undergo a course of hypodermic injections at my hands. This the patient eventually agreed to do; and, in fact, did. The delay which occurred, however, between my first seeing the patient and beginning the hypodermic injections enabled me to satisfy myself that the remarkable improvement which characterised this case had already made unequivocal progress *before the patient had had a single injection*. And it is for this reason that I venture to report the case here. I am increasingly convinced that the cure of cancer depends on remedies and methods of the simplest possible character. Given two remedies, say, violet leaves and radium, I would pin my faith to violet leaves in preference to radium simply on this ground. *But none of the forces of Nature dare be disregarded.*

The special interest of this case to me, personally, is the light which it throws on cases which I have met in practice. The tumour in this case was handled by some of the most experienced surgeons, and inspected by some of the most distinguished physicians in the profession of medicine to-day. They unanimously diagnosed cancer, and gave a hopeless prognosis. The patient was doomed to speedy death! Yet under the most simple treatment recovery set in.

I have repeatedly seen cases in the past where the symptoms indicated cancer of the pyloric end of the stomach, and a tumour could be felt in that situation. Yet the patients have gone on, year in, year out, relieved by simple treatment. In the past, the fact of their continuance in moderate health would have thrown doubt on the possibility of the cancerous nature of their

malady, but in the light of the experience gained in the above case, it would be impossible to deny that such cases *might have been cancerous* : in fact, we may say, that probably they were so.

## CANCER OF THE RECTUM.

I have no complete successes so far to report in dealing with cancer in this situation. But I have had repeated successes in averting the necessity for the operation of colotomy. I understand that there are cases where the patient having undergone this operation continues to live in complete comfort ! I have seen the statement in print. I have heard of other cases where the most successful operation—from the surgeon's point of view—has left the patient in a condition of misery from which, he says, death would be the most merciful relief. Presumably, truth lies between the two extremes. I have certainly felt that I had deserved well of those patients whom I may have succeeded in so far relieving as to remove any danger from obstruction, thus enabling them to continue natural functions through natural passages.

## SARCOMA.

Although I have had other cases where the growth of sarcoma has been arrested (temporarily, at least) or has even undergone retrogression, cases where pain has been relieved or entirely removed (again, I say, temporarily, at least), the two following cases are the only ones with which I have had to do, in which there was an entire disappearance of the growth. If it be urged that they are examples of "spontaneous cure," in the first case, after the continued administration of heroic doses of a remedy which apparently was ineffectual in controlling the disorder, and, in the second case, after an aspiration undertaken with a view to diagnosis, I am not prepared to contest the point, but am perfectly satisfied with the results which appear to be of the greatest clinical importance.

## OBSERVATION XVIII.

## SARCOMA OF THE SACRUM.

An enormous sarcoma growing from the sacrum which continued to enlarge until the patient had an epileptoid seizure, presumably uræmic in nature. Thereafter the swelling began to shrink until the patient apparently completely recovered her normal condition.

This patient, a young girl aged 16, came to the Out-patient Department of the North-West London Hospital in 1887, complaining of inability to pass water. After relieving the bladder by catheter, it became evident on examination that there was a large solid tumour growing from the front of the sacrum, occupying the greater part of the pelvis, and pushing up the womb above the pelvic brim. The growth, which was situated rather more to the right than the left of the median line, extended two inches above the umbilicus, where the girth measured nearly 29 inches. Along the left border of the tumour was a chain of greatly enlarged glands.

The patient was admitted into the Hospital; and, although, unfortunately, the notes of her case have not been preserved, its salient features are perfectly clear in my memory. At the suggestion of my senior colleague, large doses of iodide of potassium were administered, although, so far as I knew, there was nothing to suggest a specific history. Doses of 20 grains of the drug three times daily were persevered with for some weeks without any obvious effect whatever. The tumour grew constantly and rapidly, until it might have suggested a pregnancy approaching term. The patient at this stage was seized with convulsions, which were regarded as uræmic in character, and due to pressure of the tumour on the kidneys. All treatment was suspended, and surgical intervention proposed for the sake of clearing up the diagnosis. This so frightened

the patient that she insisted on leaving the hospital ward and returning to my out-patient clinique.

The tumour now began to shrink, and week by week it continued to shrink, until it became a comparatively insignificant pelvic lump, when the patient ceased attendance. I heard of her some years afterwards in relation to her proposed marriage.

That this tumour was a sarcoma appears to me certain, considering the fact that there was an absence of specific history and symptoms, and that heroic doses of iodide of potassium continued for weeks were without obvious results. What caused the growth to shrink is not so clear. Was it some organic compound created or brought into activity at the time of the convulsions, or was it, as has been lately suggested to me, due to the nervous impulses occasioned by fear of the proposed surgical intervention? This opens up a question of the very utmost importance from the point of view of cancer-treatment, namely, the effect of the mental emotions on the causation and cure of the disease.

## OBSERVATION XIX.

### SARCOMA OF THE JAW.

**A Sarcoma of the Jaw which underwent resolution after an aspiration made for diagnostic purposes.**

An officer in the Indian Army was brought to me by a professional friend with a swelling over the left masseter muscle apparently connected with the ramus of the jaw. That the condition was a grave one had already been suggested to him by a medical man (Dr. Huxley) whom he had consulted. To eliminate the possibility of a chronic abscess, a large hollow needle was passed into the swelling. Aspiration brought nothing away but a little blood-clot, which was submitted to the examination of a pathologist. I felt myself so confident that we were dealing with a case of sarcoma—a diagnosis in which my friend concurred—that I suggested that the patient should take other advice in order to hear both sides of the question before deciding whether

he would submit to operation (which must necessarily have been of an extensive character) or would decide on non-operative treatment. During the short delay which occurred before he could follow my advice, such marked improvement set in that he was recommended—or determined—to wait; and the result, I understand, is, that he has perfectly recovered. It is, of course, possible, as in other cases, that there was a mistake of diagnosis, but this at least is certain, that I was so convinced of its sarcomatous nature that I would not undertake the responsibility of treating him by non-operative measures without the other side of the case being fully submitted for his consideration.

In reference to this case, I may be allowed to point out that the disappearance of a sarcomatous or other malignant growth subsequent to an alteration of tension and osmotic pressure (such as is produced by an aspiration) is entirely consonant with the "Working Theory of Cancer" to which attention has been already drawn. Even "hardness" is accounted for in terms of motion. Against a jet of water, for example, moving with adequate velocity the sharpest sword would shiver to pieces before it could traverse it. Since the above-quoted observation I have repeatedly used aspiration in the treatment of cancerous and sarcomatous growths with decided (although not brilliant) results.

## OBSERVATION XX.

### SARCOMA OF THE JAW.

**Sarcoma of the Jaw** which was advancing with great rapidity at the time the Patient came under the author's care. Subsequent arrest of progress in primary malady, alleviation of pain, and improvement of the General Condition.

There are special reasons for citing this case, although the patient is still under treatment. She is a lady now about 57 years of age. The early years of her married life were passed in India, and her general health, which was never very robust, may perhaps have suffered further in consequence. About four years ago

she had a terrible attack of neuralgia lasting a fortnight. No relief was afforded until, under an anæsthetic, a number of teeth were extracted. In the course of a short time thereafter a swelling appeared on the lower part of the cheek on the side from which the teeth had been drawn. Medical advice was at once sought, and after months of treatment an operation was said to be necessary, with the alleged expectation of a perfect cure. The operation took place about  $2\frac{3}{4}$  years ago, and to all appearance was successful. But about six months afterwards a small lump appeared in the same place. The doctor gave it as his opinion that it was malignant. Several specialists confirmed this view. And in order to get the best advice the patient moved up from the North of England to the neighbourhood of London. In the meanwhile such remedies were used as were available. But the swelling continued to grow, ulcerated, and became increasingly painful.

When I saw this patient in July, 1908, she had a large swelling of the lower part of the right side of the face extending upwards towards the cheek-bone, backwards behind the ear, and downwards into the neck, where there was considerable enlargement of the glands. There was an opening into this swelling measuring  $8\frac{1}{2}$  c.m. from before backwards, and exactly half this length from above downwards. The cavity was the most remarkable that I have ever seen. It suggested some natural cavern with passages passing in all directions. There was a projecting mass, which appeared to be the tongue until further examination showed that the cavity of the mouth had not been opened. The patient suffered greatly from pain and discharge, which was so copious as to necessitate change of dressing repeatedly during the night.

After three weeks in my Nursing Home, the patient left greatly improved; the pain was much less, the discharge was less, the cavity was shrinking, and the long axis of the wound diminished more than 1 c.m., with a corresponding diminution of the diameter from above downwards. For a few weeks after leaving, she continued the same remedies under my supervision, making steady progress withal.

At this time the patient received detailed accounts of a remedy, which was said to have effected wonderful cures, and her heart seemed set on trying it. The husband felt the same diffidence as myself in advising a change of remedies whilst the course of the disease seemed so favourably influenced by the treatment actually adopted. There is, of course, in every such change of treatment the further drawback of uncertainty as to *which remedy may have been of service*, the one discarded—but still acting—or the one in later use.

But as I was not in the position *to promise a cure* if my treatment were persevered with, I did not feel myself justified in going contrary to the patient's urgent wish, and, therefore, undertook to "keep an eye on her." That the treatment of her choice has been accompanied by more favourable results than marked her previous treatment, I cannot affirm. That the swelling has continued to diminish, that the cavity is less extensive, that the opening is smaller (6 c.m. by 3 c.m.), that the pain and discharge are less, may, however, one and all be affirmed. That the glands in the neck, however, are likewise better is not so clear.

The treatment advocated agreed entirely with my "Working Theory," and so I had not the least hesitation (so far as its own merits were concerned) in watching its trial. Although I am absolutely convinced that there is not (and never can be) *a universal specific for cancer*, I am only too thankful to hear of any remedy holding out prospect of benefit to sufferers, *from whatsoever source I may learn them*.

Note, December 4th, 1908.—The swelling continues to diminish and the opening of the cavity to fall together. The cavity itself appears to be filling up. There is a marked diminution of the glandular swelling in the neck. The patient's general condition is decidedly encouraging.

## OBSERVATION XXI.

A case where both breasts were removed by operation, more than 11 and 10 years ago respectively. No recurrence.

This case is the one referred to in the husband's

letter cited on page 3. The lady's history is briefly as follows :—

The Mother of thirteen children, most of whom she had nursed. She began to feel pain in the left breast some time prior to Christmas, 1895, when she was about 46 years of age. I first saw her for this matter in March, 1896, when I advised her certain medico-electrical treatment, which was persevered with for some six months and discontinued at the patient's own wish about December, 1896. In February, 1897, the left breast was removed, and the right one in the April of 1898. Within the year there was some suggestion of recurrence in the glands of the right armpit, but the condition did not, in my judgment, call for operation, a decision which has been amply justified by the lapse of time during which the patient has continued free from the disease, having had no return of pain similar to that she experienced prior to the operations.

It has been quite an afterthought to include any case of successful operation in this booklet, but the letter which I have quoted makes it clear that my attitude towards operations has been misunderstood. When the utmost claimed for Surgery by one of its chief exponents is, that it "has enabled us to accomplish great results, even to the effecting of absolute cures in undoubted cases of cancer," I feel confidence, as I compare that man's case-experience with my own, that I can beat the surgeon even at his own game, in the *proportion* of operative successes obtained.

If one admit that it is impossible to diagnose with accuracy the malignancy of a tumour from its microscopical characters, and that tumours presenting the appearances generally considered to be characteristic of cancer may get well, on the removal of the irritation which induced them, *spontaneously*; then, to remove a tumour of the breast the size of a pea by an operation entailing mutilation to the extent of the anatomical limits possible, would not commend me to myself as a great surgeon, but as something quite different. And, at the other extreme, the burden of proof still rests on the operator to refute the opinion of the great surgeon Liston, expressed in the following words :—

“ When enlarged glands are perceptible above the clavicle, or in the intercostal spaces ” (in cancer of the breast), “ the practitioner who would advise interference with the original tumour, must be grossly ignorant, atrociously unprincipled, or of unsound mind.”

But between these two extremes there is a field for legitimate operation, the intelligent appreciation of which will be helped by remembering what are the essential factors of cancer—namely, (1) some local condition; and (2) some constitutional environment. My own views of the problem may be stated somewhat as follows:—If the local condition be represented by L, and the constitutional environment by C, at one end of the scale you may have a tumour represented by the formula  $L_7C$ , and at the other end of the scale a cancer represented by  $LC_7$ , whilst between the two there will be found various gradations, the middle one being  $L_4C_4$ .

The tumour,  $L_7C$ , is one that should be removable with every prospect of permanent cure, provided that the constitutional element be simultaneously and subsequently dealt with by attending to the general health. The cancer,  $LC_7$ , is probably so malignant that operation never could be justified *unless the constitutional condition is first successfully dealt with*. Between the two extremes there is abundant scope for the exercise of individual intelligence and individual conscience.

Modern operation, thanks to cancer-research, is, in my judgment, foreordained to unnecessary mortality. The great surgeons of the past recognised the importance of constitutional treatment. Moreover, the tension exerted by the sutures in the modern operation actually *invites recurrence*. Why do so many recurrences begin in the stitch-scars? And the stiffness resulting from the undue mutilation, which necessitates subsequent gymnastic exercise—often unduly severe—is, in my opinion, an effective antecedent to future recurrences.

## Conclusion.

Such then is the practical evidence which I offer in proof of the validity of my "Working Theory." Can the men who claim (or for whom it is claimed) that *thousands* of cases of cancer have passed through their hands show a better record?

For my working theory I claim that it explains all the known antecedents of cancer; that it brings into a harmonious whole theories which have been regarded as conflicting; that it explains alike the isolated cases of successful treatment of cancer which have been recorded as attributable to the most diverse means and methods and the subsequent failure of the very same remedies in the hands of others; that it is the theory which of all others rests on the surest foundation of Natural Law, and even of Divine Revelation—"in Him was light, and the Light was the Life of Men"—and, best of all, that it is the theory the acceptance of which should make it impossible to despair. That cancer is curable to the very uttermost must be accepted as an axiomatic truth.

I am not going to suggest that my Working Theory will be one day recognised as offering to Medicine what the Law of Gravity has accomplished for a true appreciation of the physical universe: that will be for the judgment of posterity. But I do claim that it should ensure me the "Right to Work"; and to me and mine the right to live by that work. As a matter of fact, both have been denied me. Most of the work has been done, whilst living the life—worse than that of a dog—an *outlaw's*!

My "Working Theory" was not published at the time it was originally printed, because the Borough Council of Marylebone, that hot-bed of the medical hierarchy, had deprived me (and continued for some eight months to deprive me) of the means of carrying out an important part of the treatment therein indicated. I took the opportunity, therefore, of endeavouring to make the presentation of my theory more worthy of the importance of the subject. More than a year later I caused the essay to be reprinted in its original form and published, because I feared that the

worry and persecution to which I was at the time subjected might bring me to the ground, as effectually assassinated—and *far more cruelly*—than if a dagger had been plunged into my heart. I was determined that humanity should not be deprived of what I regard as the key to the solution of the essential problems of cancer. And whilst the profession at home has been trying to crush me, I am being summoned one thousand miles from London, “at my own price.”

But a tyranny such as that which I had—and *still have*—to endure is not merely wicked, it is *stupid*. The storm induces a man to wrap his cloak the more tightly around him, braces him up, and makes him set his teeth. Some of the discoveries, the most pregnant in fruitfulness to humanity, have been made by those driven from their homes by persecution. I had been almost the first in the field in this country to use X-rays and High-Frequency. No hospital, so far as I know, had any installation at that time. After the expenditure of hundreds, and, indeed, thousands of pounds; after successfully passing through the risks which have wrecked men's lives (Martyrs to Science whose inadequate recompense is a national disgrace); after years of work of the most strenuous kind, I was cut off from the user of all X-ray and High-Frequency apparatus for eight months (it was a year or thereabouts before I was able to use all my instruments) whilst professional rivals were building up their practice. There are, or were, four to whose houses I could toss a biscuit from my front door. I venture to submit that to treat a man with heavy domestic responsibilities in such fashion is *wicked*.

But it is also *stupid*. Such conduct not only convinced me that “the sale of pills and ointment may be made a more *honourable* calling than is the most *dignified* position in the profession of medicine as it exists to-day” (See the author's letter of January 30th, 1908, to the General Medical Council), but it determined me to concentrate my attention on those means and methods for the treatment of disease, and especially of cancer, which are within the means of all to acquire. Some of my best results have been obtained by comparatively simple remedies. And that these remedies are regarded

as of value, I presume from the strenuous (though clumsy) efforts which have been made at *espionage*. When remedies provided for ten days last but five, one wonders what has become of the remainder. When a bottle from which two tablespoonfuls have admittedly been withdrawn contains more in bulk than the original contents, one smells a rat. Perhaps, it may be just as well to remind some people that what is wicked may be, not only stupid, but also *criminal*. And please let this word to the wise suffice.

Reference has already been made to the fact of a patient having been induced to submit to operation—as I think, unfortunately—in consequence, it would appear, of her doctor refusing to adopt my treatment unless the exact composition of the remedies was disclosed. The attitude of the doctor I can quite understand, even though I disagree with it. A highly-distinguished physician, now no longer with us, in a correspondence in *The Times* stated the case as follows :—

“The attitude of the medical profession towards secret remedies is well known. While we are ready to accept suggestions from any quarter, and to give any proposed remedy a fair trial, so long as we know what we are dealing with, we cannot touch secret remedies. Anyone who held in his hand a remedy for such a disease as cancer or consumption, and did not make it known for the benefit of the thousands suffering from these diseases, we should look upon as criminally selfish, blind to his own interests also; and if a medical man, we should certainly judge to be guilty of most infamous conduct.”

I do not intend to burden this essay with a history of the persecution, which has left me personally no other course possible than to keep my recent advances in cancer treatment as secret remedies. It must suffice to say that at the beginning of the controversy *Truth* investigated the facts, and dealt with the matter in three long articles, from the first of which I select the following quotation :—

“It is to be hoped that in his efforts to call public attention to the truth, as he understands it, Dr. Shaw will be thoroughly successful. Right or wrong, he is

working only in the public interest, and should, therefore, have the fullest public support until it has been proved that he is wrong."

So far such proof has not been offered; and although I challenged the General Medical Council by *advertising* an influenza cure consisting of pills, ointment, and tabloids, in order that it should give me an opportunity of justifying my contention above cited before the official custodians of professional honour, that challenge was not accepted, but my name was removed from the Register "*at my request*," a unique experience, I believe, in the history of medicine.

The attitude alleged as professional etiquette in respect of secret remedies dates from Hippocratic times, more than four hundred years before the Christian era. That such a contention to-day is open to the suspicion of the most arrant cant can scarcely be doubted after considering the following facts:—

(1) In "Medical Priestcraft" the reasons are stated for regarding the abuse of proprietary medicines, both as it affects the profession and the public, as the direct logical outcome of the Bye-laws of the Royal College of Physicians of London, bye-laws formulated for the furtherance of the selfish interests of its Fellows. How great is the injury done to the profession may be judged from the fact that during the last financial year the duty paid on patent medicines amounted to no less than £334,142. This represents a value of something like two and a half million pounds sterling, or fifty-three million shillings spent on bottles of medicine and boxes of pills.

(2) The most modern developments of medical science (so-called)—the various sera—which are virtually the exclusive property of the Hierarchy and its agents, are, to all intents and purposes, *secret remedies*. When we are told that the preparation of a certain serum extends over many months, what else is it but a secret remedy, a remedy, that is to say, the *monopoly* of the man who claims to have prepared it. And such sera are open to the very gravest evils. Not only are they, it would appear, in every case *attenuated* or sterilised by an anti-septic of one kind or another, which makes it impossible

to proportion the effect due to the antiseptic and to the serum as such, but they are likewise exposed to the abuses characteristic of all monopolies. We have already known a case where the sum of £4,000 was demanded and paid in advance before the surgeon possessing the serum would consent to undertake the treatment of a rich patient suffering from cancer.

(3) The most advanced physicians employ proprietary remedies. An assistant in the establishment of one of the leading West End chemists told me that he had had the curiosity to make some investigation into this point, and found that more than half (seventy per cent., or so) of the prescriptions dispensed contained such proprietary articles, mostly of German manufacture. And another chemist told me that there is no class which patronises patent medicines with greater constancy than distinguished medical specialists and their families.

(4) The general medical practitioner is not one whit better. He purchases from the wholesale chemist some mixture concerning the composition of which he knows comparatively nothing; he is satisfied with the nomenclature, "Mistura pro Tussi," "Mistura Tussi," "Mistura Tussi Nigra," or "Mistura Tussi Rubra," and dispenses them under the generic term, "The Cough Mixture."

## THE PUBLIC ADVANTAGE OF SECRET REMEDIES.

(1) The general medical practitioner who dispenses the red, brown, or black cough mixture received from some wholesale chemist of repute, in all probability supplies his patient with an article more carefully prepared and more palatable than the haphazard resources of the average surgery could have offered. That there are very great advantages, on the other hand, accruing from personal attention devoted by the doctor—and especially by the specialist—to the character and quality of the remedies dispensed by, or on his behalf, must be obvious from the following considerations.

(2) Quite apart from the fact that chemists of more lowly pretensions occasionally supply remedies below

the standard prescribed by the British Pharmacopœia, or are tempted to substitute for any drug which they have not, "something just as good," I have myself seen medicines and drugs supplied on the same prescription by chemists of the very highest repute, differ to such a degree as to make it almost incredible that they can have been the same thing. I have seen from the same firm even, an ointment, the normal colour of which is a creamy white, present a dark mahogany appearance immediately after delivery. The explanation was to be found in the fact that the latter sample had been prepared nearly a year before its sale.

To be able to watch, and, as far as possible, to control, the condition of drugs as they leave one's hands, appears to me from increasing experience a matter of vital importance.

(3) It is not, in reality, to the patient's best interest in many cases to give him a prescription which he may use, year in, year out. Quite apart from the fact that he may continue to rely on it long after it has ceased to be of any service, or may even have become of positive harm, the patient is virtually limiting himself to the doctor's *past* experience, and is thus deprived of the increased knowledge which a single day—not to speak of years—may have added to the experience of a man constantly at work. This contention applies, in particular, to all specialism, but most of all, perhaps, to cancer treatment.

The public advantage, therefore, of the consulting physician is limited by the bye-laws of the Royal College of Physicians of London; the utility of the consulting surgeon grievously diminished by his *fixed idea* that the panacea for *all* humanity's ills may be summed up in the briefest formula, "Lop it off." And for these reasons I am convinced that there is a wide field of public utility between the sphere occupied by the disciples of the "conjoint colleges," on the one hand, and that of the patent medicine vendor, on the other; and that the interests of the public, as well as of the doctor, are best served when actual remedies are dispensed under the control of the latter, whose publication of the principles underlying his treatment will enable others to

extend its benefits in ever-widening circles, whilst the patient is at the same time assured, not only that he is enjoying the fruits of his doctor's latest acquired knowledge and ripest experience, but that he is actually employing remedies fitted, in his doctor's judgment, to effect their purpose. The argument may be brought more clearly home to the reader's mind, if the treatment of cancer, as the present writer understands it, be contrasted with its treatment by alleged specifics which are on all fours with proprietary medicines, and open to much the same abuses.

The reader will understand that, if my views on cancer be the true ones, then the man most likely to benefit the cancer patient is the man with the broadest knowledge of science, and the widest experience of medicine. And, alike for the instruction of the public, and in my own interest, I must briefly refer to my record of work already accomplished.

If a medical man were recommended to you, and you wanted to know a little more about him, you would look up the "Medical Directory." The present writer's record in the current annual (1908) is hereunder reproduced in facsimile. It should be noted, however, that the Fellowship of the Medical Society, as well as the appointment at the North-West London Hospital, had been resigned before its publication.

Briefly stated, one may say that, in addition to a very large private practice for many years at Hampstead, I was for about four years physician to the Mount Vernon Consumption Hospital, and for two years senior out-patient physician to the North-West London Hospital, with the additional care of patients suffering from disease of the Throat, Nose, and Ear, before founding the department for Diseases of Women, the direction of which I subsequently held for upwards of twenty years. It will be seen, therefore, that I have had hospital experience in most of the special lines of treatment, a fact of great importance in view of current circumstances.

Considering, moreover, that my present undertaking will largely resolve itself into the "sale of pills and ointment," it is but fair to advertise the fact that, in

addition to being first at St. Thomas's Hospital in the sessional examination, which included *Materia Medica* and *Therapeutics*, I was second in Honours (Qualified for the Exhibition and Gold Medal) at the University of London, Prizeman and Medallist at the Apothecaries Society, and subsequently a selected candidate for the Professorship in the same subjects at King's College, losing the actual Chair—so I was afterwards told—only because the appointment of *an outsider* would have seemed to imply a reflection on King's College itself.

SHAW, JOHN, 32, New Cavendish-st. Cavendish-sq. W. (*Teleg.* "Therapist, London"; *Tel.* 1263 Padd.), and 4, Eton-rd. Haverstock Hill, N.W.—M.D. Lond. 1881; M.B. 1880; M.R.C.S. Eng. and L.S.A. 1879; (*St. Thos.*); *Matric. Exhib.*, *Anat. Exhib.* and Gold Medal, Qual. for *Exhib.* and Gold Medal in *Mat. Med.* and for Gold Medal in *For. Med.*, Honours in *Med.*, *Physiol.* and *Zool.*, Univ. Lond.; *Fell. Roy. Soc. Med. & Med. Soc. Lond.*; *Mem. B.M.A.*; *Obst. Phys. and Gynæcol. N.W. Lond. Hosp.*; late *Phys. N. Lond. Hosp. for Consump.*; *Sen. Asst. Phys. and Pathol. N.W. Lond. Hosp.*, and *Sen. Asst. House Phys. (1879)*, *House Phys. (1880)*, and *Res. Acc. (1881)*, *St. Thos. Hosp.* Author of "Obstetric Nursing and Antiseptics;" "The Otto Schmidt Specific Treatm. for Cancer: a Critique based on Personal Observation," 1904; "Fibroid Tumour: a New Treatm. without Operation," 1906; "The Cure of Cancer, & How Surgery Blocks the Way;" "Medical Priestcraft;" "Cancer: a Working Theory for its Prevention & Cure," 1907. *Contrib.* "The Constant Current in the Therapeutics of Gynæcology," *Trans. Obst. Soc.* 1888; "A Case of Cesarean Section," *Ib.* 1892; "Two Cases of Placenta Prævia Centralis treated by means of Champetier de Ribes' Bag," *Brit. Gynæcol. Jl.* 1894; "A Self-retaining Operating Vaginal Speculum," *B.M.Jl.* 1891; "A New Bag for the Induction of Premature Labour and other Obstetric Operations," *Ib.* 1895.

Moreover, in view of the importance which I attach to physical science in the understanding of the true problems of cancer, it is not without importance to note that at the City of London School, shortly after the Premier left, I had the first prizes offered for Science—namely, the Mortimer Exhibition and Hale Medal.

Quite by accident I recently came across an Honours List of the University of London, which throws a curious light on the contention so often and so loudly

insisted on—namely, the sacrifices entailed by vivisection on those devoted men of science who practise it. The after-history of those whose names appear on this list would enable the public to form some *prima-facie* opinion on this point, and its probable judgment would be confirmed by other names—*conspicuous by their absence*—although well known to-day in scientific surgery and medical journalism. Vivisectional research secures fame and its emoluments quite irrespective of results; it may be afterwards admitted that such research was *fore-ordained in the very nature of things to failure*. That is immaterial. The *sacrifices* of vivisection are not denied; it is only when one comes to inquire the *nature* of the sacrifices—and *at whose expense*—that any divergence of opinion arises.

Nor must it be thought that I protested against the indiscriminate mutilation of women because I was myself a failure with the knife. From first to last I fear no comparison between my own operation results and those of any man living. Early in 1892 I successfully practised as an original operation—in ignorance of the fact that similar treatment had already been carried out in Germany—the removal of the womb (hysterectomy), by the method which since has admittedly reduced the mortality to the modern figure. Never until last year did I lose a single patient from such an operation, and concerning her case the anæsthetist—while hoping for the patient's recovery—spontaneously wrote me as follows:—"I have given some thousands of anæsthetics, so trust you will not think me impertinent if I express my admiration of your coolness and nerve under most trying circumstances." Since then I have had cases scarcely less difficult, although successful. Moreover, the delivery of twins by the Cæsaréan section still remains, so far as I know, a unique surgical success.

For some years I had wider experience and greater success, I believe, than any other man in London in an operation known after its inventors as the Alexander-Adams operation; it was only after I suspected the possibility of its subsequently predisposing to cancer that I allowed its performance to fall into abeyance.

My book, "Antiseptics in Obstetric Nursing," which included abdominal operations on women, was made, by their special journal, *The Hospital*, a subject of examination for nurses. Surely it is impossible to maintain that I have protested against the abuse of surgery, because, as a surgeon, incompetent and unsuccessful.

I have now done my best to explain to the reader the grounds of my belief that vivisection never can advance the cure of cancer; I have stated as clearly as I can what I regard as the legitimate field of surgery; I have set forth the leading principles of my own "Working Theory," and briefly summarised some of the results which have been obtained by its application; and have formulated the grounds which I regard as justifying my appeal to the public confidence.

There is one word which must be said before closing. From the rich patient, whether at home or abroad, I must insist on adequate remuneration. And in the case of a visit requested at a distance, *my fees must be paid in advance*. The fact that I have voluntarily withdrawn my name from the Register deprives me of all legal security in this respect. And, unfortunately, I have had experiences which have reluctantly determined me, *under no circumstances whatsoever*, even to Royalty itself, to pay a distant visit until after an agreed fee has been duly paid. This statement will at least deprive my action of any suggestion of personal distrust, and consequent offence.

If the reader of small means, to whom "The 'SHAW' Treatment of Cancer" appeals as rational and scientific, should care to consult me, **I will do my utmost to meet him or her in the matter of expense.** It is scarcely necessary to emphasise the desirability of a personal consultation wherever possible. **But failing that, the key to the treatment of any case of cancer may be quite clear, if accurate information be provided in answer to questions which can be furnished to any correspondent;** whilst the essential processes of nutrition can be for the most part accurately judged by suitable examinations of the urine. The patient should in the first place address Dr. John Shaw, at 4, Eton Road, Haverstock Hill, London, N.W.

## SELECTIONS FROM OPINIONS OF THE PRESS ON DR. JOHN SHAW'S VARIOUS CANCER WORKS.

*The Medical Times and Hospital Gazette*, in a leading article, "The Cancer Question," stated :—

Medicine certainly ought not to have said its last word re the cure of cancer, and we look to such careful clinical observers as . . . Dr. John Shaw to throw new light on the subject.

*The General Practitioner*, in reviewing Dr. Shaw's "Cure of Cancer and How Surgery blocks the Way," wrote :—

With regard to the treatment of cancer, the reader, if he accepts the arguments, must conclude that, surgery apart, cure is not by any means impossible, and satisfactory agents for the purpose are many. Certainly the notes published are interesting, and to many of us will present novelty, possibly because hitherto surgery has blocked them out of our way. Distinctly they do deserve attention.

*The Medical Press and Circular*, in a leading article on "The Treatment of Cancer," whilst on the subject of the Otto Schmidt cancer serum, said :—

Dr. John Shaw, the well-known London Physician, has personally investigated the matter, and has published his observations and conclusions in a fair and judicial pamphlet. A more crushing exposure of pseudo-scientific fallacy parading in the garb of responsible medical wisdom can hardly be imagined.

*The Daily Dispatch* :—

Dr. John Shaw, than whom no one has given more attention to the cancer problem in this country. . . .

In my judgment the book establishes the curability of cancer at certain stages to the uttermost. Some of the cures recorded are really wonderful, the more so because they are rational.—*Weekly Times & Echo*.

The work by Dr. Shaw will certainly inspire patients and friends alike with fresh and renewed hopes for and confidence in the possibility of ultimate recovery even in the cases that have been pronounced to be without any reasonable grounds for such belief.—*Merthyr Express*.

If the writer can secure by his books and his protests a more tolerant attitude towards the alternatives of the knife he may not have suffered and laboured in vain.—*North Eastern Daily Gazette*.

Undoubtedly, **Dr. Shaw's indictment will have to be answered**, and that by means more convincing to the public than mere interference with the author's practice of his profession.—*Morning Post*.

There is no doubt that Dr. Shaw's books are well worthy of deep thought.—"F.R.C.S.," in the *Christian Commonwealth*.

The book, from the clarity of its style, the vigour of its argument, and the deep importance of its subject, is a fascinating one.—*Weekly Press* (New Zealand).

